

### **PHIN Post-Consultation Letter**

[date]

[patient name]

[patient address]

Dear [patient name]

#### **Next steps**

Thank you for coming to see me at [name of hospital or clinic] for an outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As this includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this letter to them. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

#### *Tests and their Cost*

As discussed during our consultation, I recommend you have some further tests, specifically: [insert details]. The purpose of these would be to [insert reason for tests].

[My fees for carrying out the tests I have recommended above are as follow: [insert details].]

[As [some of] the tests I have recommended are undertaken by the [clinic/hospital] and not by me, then the fees for those tests will be determined by the [clinic/hospital] and charged to you, or your private medical insurer, separately.] [Sometimes other consultants will also be involved in those tests (an example being a radiologist reporting on an MRI scan), with their fees being included in the fee the [clinic/hospital] charges to you.] [[Some / One] of the tests I have recommended involves a consultant [speciality, eg cardiologist], whose fees are not included in the [hospital/clinic] charges. There are a number of excellent [specialty type, eg cardiologists] working at the [hospital/clinic] and I tend to work with [name of consultant / consultant group] [who/which] can be contacted at [details] for further information on their fees.] [I [will also / will not] be charging a fee in relation to these tests[, which will be £[insert detail]].]

I would like to see you again for a further appointment to discuss the results of the tests I have recommended. As advised previously, my fee for any follow-up consultation will not exceed £175.00. These estimates are correct as at the date of this letter. Should you cancel your appointment with less than 24 hours' notice, or fail to attend without contacting us a cancellation fee of up to an amount of £50 may be charged to cover the costs associated with booking a clinic room. Appointments may be cancelled or re-scheduled with 24 hours' notice without charge.

Please note that unless otherwise advised, the fees detailed above do not include details of any further tests or treatment subsequently recommended or carried out [nor [insert details here about any other services which have not been included]].

*Private Medical Insurance*

If you have private medical insurance, please contact your insurer before you book for the tests I have advised, to confirm that these recommended next steps are covered by the terms of your policy.

Please note you are responsible for any fees not covered by your insurer.

*Quality Information*

You can compare independent information about the quality of private treatment offered at the hospital and other private healthcare providers from the Private Healthcare Information Network (PHIN) website: [www.phin.org.uk](http://www.phin.org.uk).

Yours Sincerely,

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